

End-of-life Care in the Prison Environment – #30 (May 2026)

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Source: Prison Journalism Project: <https://bit.ly/4cGxEW1>

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Preface

A dedicated advocacy, teaching, and research hub

LAUNCHED IN 2024, THE END-OF-LIFE CARE BEHIND BARS WEBSITE fills a critical information and advocacy gap for a unique, often overlooked population. While general prison healthcare has gained attention, keeping pace with research on palliative care within correctional facilities remains a challenge for busy health professionals. As a dedicated advocacy, teaching, and research hub, this website streamlines access to essential knowledge. Users can find the latest developments, including curated reviews of articles and reports, in the monthly bulletins on the "Current Thinking" page, while the "Spotlight" page offers commentaries on key issues, for example, the aging prison population and compassionate release for prison inmates living with a terminal illness, which have become inextricably linked. As this resource grows, it aims to foster a necessary shift in societal attitudes toward the care and dignity of incarcerated individuals at the end of life.

Aging Prison Population

How Switzerland is responding to a growing elderly prison population

SWISS BROADCASTING CORPORATION | Online – 5 May 2026 – Prison accelerates the ageing process. In Switzerland, a 60-year-old inmate typically shows the same physical and psychological decline as a 70-year-old living outside prison. Although the over-60s only make up 6% of inmates, their proportion has increased sixfold in the last 40 years. In German-speaking Switzerland, the Lenzburg prison in canton Aargau is regarded as a role model. Fifteen years ago, the first specialised unit for prisoners over the age of 60 was created there. Home care workers visit twice a day. Vulnerable people are separated from the other inmates and have more time to walk around. The aim is to maintain their autonomy for as long as possible. Many prisoners in this unit are held under detention orders and may never be released. The prospect of dying in prison is also an unavoidable issue in this section. **Full text:** <https://bit.ly/3QOrMTf>

Healthcare considerations for aging people in prisons

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PLOS ONE (Canada) | Online – 30 April 2026 – This study contributes to the growing body of research on the healthcare challenges for aging prison populations in Canada and around the world. The authors findings demonstrate that there is a considerable amount of concern about aging while incarcerated among correctional healthcare interest-holders in correctional healthcare in Canada, and highlights factors that need to be addressed. This study can be used to inform ongoing policy reforms by policymakers, academics, clinicians, and older adults with lived experience of incarceration. While the authors describe interest-holder perspectives on healthcare needs, it does not explore their perspectives on existing or potential options to address these needs. Additional research on potential interventions to address unmet needs would be valuable, and in particular should engage and include older people with lived and living experience of incarceration. **Full text:** <https://bit.ly/4eIHH5o>

Related:

'The problem of incarcerating elderly prisoners,' *Le Franco (Canada)* | Online – 11 April 2026 – In Canada, the prison system is well aware of the challenges involved in detaining elderly inmates, even though they currently represent a small portion of the prison population. An adaptation project is already underway, and Correctional Service Canada intends to focus, among other things, on interventions related to chronic illnesses and the functional and cognitive abilities of the inmates concerned.¹ There currently appears to be no international consensus on the definition of an elderly prisoner. **Full text:** <https://bit.ly/4TGjlaE>

1. 'Promoting the well-being and autonomy of older inmates in the Correctional Service of Canada,' Canadian Correctional Service (2018). **Download report at:** <https://bit.ly/427v71X>

N.B. See 'Aging & Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody,' Office of the Correctional Investigator & Canadian Human Rights Commission (2019). <https://bit.ly/3y7wltD> ...also, 'Federal prison watchdog leaving post early over "frustrations" with lack of prison reform,' CBC News (November 2025) <https://bit.ly/48cXXlm> **BRA**

'Dying on the Inside' explores aging in prison, talks with women lifers at State Correctional Institution Muncy



WPSU-FM (U.S.) | Online – 30 April 2026 – The five-episode podcast explores the issue of the aging prison population through the stories of some of the 143 women serving life sentences at the State Correctional Institution at Muncy... Because of those lifers getting older, the prison now has a new, nearly \$6 million infirmary ... [with] ... a hospice wing, a dialysis center and many other services to deal with people who are aging. Prison systems are not built for aging people. It could cost up to \$120,000 a year to take care of one aging person. If someone [incarcerated] didn't take a life, it does raise a lot of questions that are being raised and discussed right now as a result of a case from the Pennsylvania Supreme Court, as to whether or not it is cruel to force them to die in prison if in fact they didn't take a life themselves. It's time that we have a difficult conversation about what justice looks like at the end of long prison sentences. **Download podcast at:** <https://bit.ly/4t9PFSH>

Related:

'California spends \$300 million each year incarcerating senior citizens in women's prisons,' *Prison Legal News (U.S.)* Online – 1 April 2026 – Roughly one in five people in **women's prisons** are over the age of 50. Although data from the prison system shows that recidivism rates decline with age, the state spends up to \$300 million each year incarcerating approximately 740 elders in women's prisons. A new report ... analyzes pathways for release, including commutations, compassionate release, medical release, resentencing, and parole.¹ **Full text:** <https://bit.ly/4ewY3rH>

1. "No Time to Wait,' California Coalition for Women Prisoners and the University of California Berkeley Law Advocacy Clinic (April 2026). **Download report at:** <https://bit.ly/4bOkJSs>

Aging behind bars: The growth of the older incarcerated adult population and emerging penal reform



LAWS (U.S.) | Online – 28 April 2026 – Tough-on-crime policies, including mandatory minimum laws, three-strikes statutes, and habitual offender laws, have contributed to prison overcrowding and the growth of aging prison populations. As incarceration costs for prisoners increase, policy-makers have increasingly considered early release policies for older incarcerated adults who pose a low risk of recidivism. The authors review recent trends in late-life incarceration and evaluates the policy logic and practical conditions under which early release may serve as a response to aging incarceration. They argue that early release of aging inmates likely represents a feasible and cost-effective strategy for addressing prison overcrowding without compromising public safety. The analysis further identifies the legal, institutional, and policy conditions under which early release programs for older prisoners are most likely to gain legitimacy and political support. **Full text:** <https://bit.ly/4tBLJer>

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When grandpa goes to prison: The challenge of ageing inmates

YAHOO NEWS (Germany) | Online – 27 April 2026 – A 75-year-old man was sentenced to 5½ years in prison in the north-eastern German state of Mecklenburg-Vorpommern... A month later, the regional court in the state capital Schwerin handed a 74-year-old man a seven year and one-month sentence... The two men must now spend a significant part of their final years behind bars, joining 40 inmates as of earlier this year, who are at least 60-years-old. They are not alone. The trend extends far beyond Germany. Around the world, prison populations are ageing at a notable pace. According to Penal Reform International, a U.K.-based non-governmental organization dedicated to criminal justice reform, the proportion of older prisoners continues to rise in many countries.¹ The group says no global data on the number of older people in prison is available, but says known rates range from 1.8% of the prison population in Indonesia to as high as 20% in Japan. **Full text:** <https://bit.ly/48uhA8r>

1. 'The proportion of older persons in prison continues to rise in many countries,' Penal Reform International (Undated): <https://bit.ly/4uzPGAH>

Growing old behind bars: Why the prison system isn't ready



UNIVERSITY OF THE WEST OF ENGLAND (U.K.) | Online – 18 April 2026 – Older prisoners, typically defined in England and Wales as those aged 50 and above, are now the fastest-growing demographic in the prison system. That might seem young by community standards, but prison populations age differently. Years of poor health, substance misuse, and stress mean that a 50-year-old in prison may have the physical health of someone much older. There are several reasons behind this demographic shift. Longer sentences mean people are ageing inside prison. Historical prosecutions, particularly for sexual offences, have brought older individuals into custody later in life. And, more broadly, the general population itself is ageing. A prison system that was never designed for older people is now having to accommodate them in growing numbers. Ageing in prison brings with it a range of health challenges, many of which are more severe than those seen in the general population. **Full text:** <https://bit.ly/4clo2dp>

Extract from University of the West of England posting

Dying in prison: An uncomfortable reality

Perhaps the most sobering aspect of an ageing prison population is the increasing number of people dying in custody. For some older prisoners, particularly those serving long sentences, the prospect of dying in prison is very real. This raises profound ethical and practical questions. End-of-life (EoL) care in prisons has improved in recent years, with initiatives such as the 'Dying Well in Custody Charter' promoting more compassionate approaches.¹ Hospice involvement is growing, and some prisons have developed dedicated palliative care pathways. But provision remains inconsistent. Issues such as limited access to specialist care, the use of restraints, and delays in compassionate release continue to be raised. For individuals nearing the EoL, these challenges can have a significant impact on dignity and quality of care.

1. 'Dying well in custody: A national framework for local action,' National Health Service England (2024): <https://bit.ly/4evqeEQ>

Compassionate Release

Mercy delayed, mercy denied: How Massachusetts medical parole leaves many to die in prison

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YAHOO! NEWS (U.S.) | Online – 13 April 2026 – In 2018, Massachusetts offered a glimmer of relief for sick people in prison.

The state was one of the last in the U.S. to adopt a medical parole law. It offers compassionate release to incarcerated people who are dying or permanently incapacitated and are no longer considered a threat to others. The measure, however, hasn't worked in many cases. Some people have died waiting for a response, while others granted parole died still in custody (**see sidebar**). One person – the commissioner of the Department of Correction – decides whether to grant the petition. While it's possible to appeal in court, a judge can't overturn the commissioner's decision. Sometimes, even when an inmate is released, it can be a long process that leaves family wondering if their loved one could have gotten better care sooner. Concerns about the current system have caught the attention of some legislators and activists who are fighting to change the law. **Full text:** <https://bit.ly/4sqs0wV>

Massachusetts inmate dies before release despite medical parole approval

MSN (U.S.) | Online – Accessed 9 April 2026 – James Ware ... was approved for medical parole on 23 January 2026, after a diagnosis of advanced lung cancer and other serious health issues. The Massachusetts Parole Board unanimously supported his release in March, but a lack of available beds at two identified care facilities and slow administrative steps kept him at Lemuel Shattuck Hospital Correctional Unit. He died on 2 April without leaving custody, highlighting the gap between parole approval and actual release. Ware's case reflects how slow-moving processes can undermine laws intended to provide compassionate release for terminally ill inmates. Advocates argue that bureaucratic delays and logistical barriers can render parole decisions meaningless when time is short. **Full text:** <https://bit.ly/4ckaC73>

Related:

'Medical parole law in dire need of reform in Massachusetts,' MASS Live (U.S.) | Online – 12 April 2026 – Medical parole was passed into law in Massachusetts in 2018 in part to reduce the state's increasingly geriatric incarcerated population, as older adults in prison are dramatically more expensive to care for... Medical parole has fallen far short of expectations, worsening the crisis of aging in Massachusetts prisons. Less than 15% of those who have applied have received medical parole. As of June 2024, only 101 individuals have been granted medical parole since its inception. **Full text:** <https://bit.ly/42211wU>

Releasing elderly inmates from women's prisons is smart state policy



THE SACRAMENTO BEE (U.S.) | Online – 23 April 2026 – California has created tools for prison release – including the elderly parole program in 2014. So why are so many elders still locked up in **women's prisons**? With dangerous prison conditions and skyrocketing healthcare costs, California must address this crisis – a relic of a bygone era of the state's harsher sentencing laws. Data from the California Department of Corrections & Rehabilitation shows that re-arrest and re-conviction rates decline with age and are generally even lower for women. Fewer than 5% of people aged 60 and older go back to prison within three years of release. Yet approximately 740 people aged 50 and older remain incarcerated in California's women's prisons – costing them their health and safety, and costing taxpayers millions. Californians pay close to \$128,000 a year to incarcerate a younger person, and two to three times that amount for elderly individuals. **Full text:** <https://bit.ly/42oxtd3>



Highlights of End-of-Life Care in the Prison Environment – #29 (April 2026): <https://bit.ly/4d9seUF>

[Prison Healthcare Services](#)

Prisoner health: Call for papers (deadline for manuscript submissions: 31 October 2026)

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HEALTHCARE | Online – Accessed 3 May 2026 – Prisoners' health is a discipline with cross-disciplinary and interdisciplinary development, combining multiple competencies of family medicine, internal medicine, geriatrics, pneumology, cardiology, physiotherapy and rehabilitation, psychology, criminology (forensic psychiatry), toxicology and legal medicine... Healthcare professionals involved in providing care in prison and secure settings are aware of the many obstacles to quality care within these settings, as the environment presents unique difficulties for both inmates and healthcare personnel to manage. The most obvious difficulty is the inadequacy of doctor-patient relationships due to the prison setting, which does not allow this relationship to be maintained: this is a critical issue that affects both therapeutic management and penal enforcement. The special issue aims to provide an overview of health research pathways in prisons and protected environments... **Manuscript submission information at:** <https://bit.ly/4w8e65w>

1 in 5 Inmates develops serious health condition while behind bars

LEGAL GUIDES (U.S.) | Online – 20 April 2026 – One in five inmates develops a serious health condition while incarcerated, a stark reality that exposes the inadequacies of the prison healthcare system. The numbers are alarming, and the consequences are dire. In the U.S. alone, thousands of prisoners suffer from untreated illnesses, exacerbating their conditions and often resulting in lifelong damage. For those who are fortunate enough to receive medical attention, the treatment is often inadequate, leading to further complications. The harsh truth is that getting sick in prison is a daunting experience, with severe implications for one's physical and mental well-being. What happens if you get sick in prison is a question that echoes through the corridors of correctional facilities, haunting those who are already struggling to survive behind bars. The consequences of neglect, coupled with inadequate medical care, have a lasting impact on inmates... **Full text:** <https://bit.ly/4e0SjX6>

Related:

'Arizona prisons face growing number of healthcare complaints,' *Arizona Capital Times* (U.S.) | Online – 10 April 2026 – The Arizona Department of Corrections, Rehabilitation & Reentry, and its rotating vendors, have been tied up in a class action lawsuit over inadequate healthcare since 2012... But as the court record grows, the number of individual inmates pursuing their own relief and damages expands, too. The success of these complaints is mixed. Many are dismissed early on for technical failures in filing or for falling short in arguments and evidence... **Full text:** <https://bit.ly/3Q2gFWp>

N.B. See 'In federal prisons, the grievance system is designed to reject nearly all complaints about medical care,' Prison Policy Initiative (PPI), March 2026. (Noted in the April posting on the End-of-Life Care Behind Bars website (p.3) <https://bit.ly/4d8d6Yk> ...and, 'Cut-rate care: The systemic problems shaping 'healthcare' behind bars,' an earlier posting on the PPI website (February 2026) <https://bit.ly/4cXusoS>. **BRA**



To keep abreast of current thinking on palliative and end-of-life care check out 'Literature Search' on the website of the International Association for Hospice & Palliative Care at: <https://bit.ly/3WWxUYC>



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Telehealth in corrections: New guidance for expanding access, ethically and effectively



National Commission on Correctional Health Care (U.S.) | Online – 14 April 2026 – In recent years, telehealth has

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moved from a rare convenience to an essential component of health systems. In correctional settings, that shift has been even more consequential. People who are incarcerated face barriers to timely, high-quality care, especially in rural areas or when in need of specialty services. Facilities also contend with chronic staffing shortages, security constraints, and the real costs – human and financial – of transporting patients to outside appointments. Telehealth can meaningfully enhance access and quality, when it is used appropriately and implemented with strong ethical safeguards (**see sidebar**). The position statement calls for telehealth that bolsters equity in care access and quality, while protecting patient autonomy and confidentiality, delivered by qualified healthcare professionals with appropriate training and legal eligibility to practice. **Full text:** <https://bit.ly/3QoBwDo>

In prison, we have less medical privacy

PRISON JOURNALISM PROJECT (U.S.) | Online – 16 April 2026 – In the free world, people are entitled to medical privacy by law. But inside prisons ... medical privacy can be sacrificed in the name of safety. At New Jersey State Prison, I have witnessed guards and incarcerated people snoop on conversations with a medical professional, and seen guards turn a person away from treatment because they believed the person was lying about their ailment. The consequence of this culture is that incarcerated people are less likely to seek needed medical care, instead choosing to suffer in silence. A New Jersey Department of Corrections ... spokesperson declined to comment on specific security procedures or staffing configurations. But he did say that ... medical policies are designed to promote a balance between confidentiality and a safe setting for incarcerated patients, medical staff and facility operations. **Full text:** <https://bit.ly/3Q4p0cl>

“You don’t want to have cancer while you’re in prison”: A qualitative study of supporting people with serious illness in prison



INTERNATIONAL JOURNAL OF PRISON HEALTH (U.K.) | Online – 13 April 2026 – This is the first U.K. study to examine both family and third-sector staff perspectives on supporting seriously ill people in prison.

By combining lived-experience testimony with practitioner insight, the authors outline actionable recommendations for policy and practice change. Their aim was to uncover systemic barriers to care (**see sidebar**), understand the challenges families face, highlight examples of good practice, and use these insights to inform practical recommendations for improving prison healthcare and support. Study participants described resource shortages, poor communication and inflexible institutional rules that could compromise dignity and delay treatment. Families experienced emotional strain over a perceived lack of transparency and accountability. Positive staff efforts and peer support were emphasised, but better multidisciplinary collaboration and family-inclusive policies are needed. **Abstract:** <https://bit.ly/4t4RBN8>

Deadly delays and treatment in chains: How prisons are failing women with cancer

THE LEAD NEWSPAPER (U.K.) | Online – 18 April 2026 – Prisons are not adequately equipped to diagnose and treat cancer to the same standard as the National Health Service in the community – and **female prisoners** are at the sharp end of this crisis. People diagnosed with cancer while in prison are 28 per cent less likely to receive curative treatment – particularly surgery to remove tumours, radiotherapy and chemotherapy – contributing to a nine per cent higher risk of death from cancer.¹ And for women in prison, this inequality is compounded by existing within a system that is still designed around the needs of male prisoners, and lacking gender-specific care. **Full Text:** <https://bit.ly/3QhYFrh>

1. ‘People diagnosed with cancer in prison more likely to die from the disease,’ *University College London News* (April 2024) **Full text:** <https://bit.ly/4tPMm3J>

Cont.

Related:

'Equivalence of healthcare in prison: Mind the massive gap,' *Inside Time (U.K.)* | Online – 2 April 2026 – Prisons gather people who are more likely to be unwell and are places that can make people sick, or sicker. People in contact with the criminal justice system experience disproportionately high levels of physical and mental ill-health, often compounded by social exclusion, trauma and systemic barriers to care. And the churn of people arriving at and leaving prison, often with unmet and unrecognised needs, can make healthcare even more challenging. **Full text:** <https://bit.ly/4sKHfBa>

End-of-Life Care in Prisons**Spring Conference on Correctional Health Care, 18-21 April 2026: Highlights**

National Commission on
Correctional Health Care

Summaries of selected presentations:

'Hospice and palliative care: Promoting dignity in life and death' – Hospice and palliative care are an integral part of providing excellent patient care and have their own unique challenges and benefits within the correctional setting. In this roundtable, participants learned about one successful hospice program, discussed challenges of running a hospice program in a correctional facility, and explored the benefits of using incarcerated volunteers rather than bringing in a community-based hospice organization.

'Transformative care behind bars: Building a peer-led hospice program' – This roundtable explored the development and implementation of a peer-led hospice program in a correctional setting. Attendees gained insight into training incarcerated volunteers as hospice porters, supporting patients and families through end-of-life care, and aligning programs with reentry and system-level goals. Discussion included strategies to foster dignity, compassion, and continuity of care.

Access summaries at: <https://bit.ly/4cG6puG>

Illinois House passes plan creating Illinois Department of Corrections end-of-life peer support program

WAND TV NEWS (U.S.) | Online – 17 April 2026 – The Illinois House passed a bill this week to create an end-of-life care (EoLC) peer support program within the Illinois Department of Corrections (IDOC). Sponsors and advocates said peer-to-peer hospice programs can provide an opportunity for penance for past offenses through service to others and help develop healthy coping mechanisms for feelings of loss and grief. A limited number of prisons have already started peer-to-peer programs, but the services are not available for **incarcerated women**. “This peer support program is about dignity,” said Representative Nicolle Grasse (D-Arlington Heights). “It’s about recognizing our shared humanity at the end of life...” “Right now, a terminally ill person in IDOC isn’t receiving any form of true EoLC,” said Yosef Moore, diversion and reentry policy analyst for Access Living. “No one is attending to their mental, emotional, or spiritual needs. Instead, a human being is left to die alone.” **Full text:** <https://bit.ly/41C6rPb>

Related:

'Transforming end-of-life care for the incarcerated,' *Commonweal (U.S.)* | Online – 6 April 2026 – Not everyone dies surrounded by a loving community. Not everyone dies without pain. It’s a difficult and unknown threshold, and this reality is especially stark for incarcerated people facing a terminal diagnosis. In an overwhelmed and apathetic prison system, the Humane Prison Hospice Project ... is seeking to change the way incarcerated people meet death by training peer caregivers. They have almost 10 years of experience changing the way people die in the California prison system... **Full text:** <https://bit.ly/4vRkazd>

[Care Planning](#)

Spring Conference on Correctional Health Care, 18-21 April 2026: Highlights

Summaries of selected presentations:

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National Commission on
Correctional Health Care

'Meeting the needs of elderly patients through end-of-life planning' –

This session explored the importance of proactive end-of-life (EoL) planning in correctional settings, guided by the NCCHC position statement on Medical Orders for Life-Sustaining Treatment.¹ Attendees reviewed trends in the aging incarcerated population, examined the role of EoL planning, and discussed cultural sensitivity, family involvement, and patient autonomy. The session also addressed legal considerations, challenges with advance directives, and practical strategies for developing compliant institutional policies.

1. 'Medical Orders for Life-Sustaining Treatment,' NCCHC (June 2022): <https://bit.ly/41ISFu6>

'Best practices in advance care planning for incarcerated patients' – Advance care planning (ACP) is a best practice that includes healthcare proxies and POLST (Physician Orders for Life-Sustaining Treatment) forms. Based on a review of 10 years of medical records for a large regional hospital, the presenter found ACP for incarcerated patients was significantly lower than for the general population. In this presentation, she discussed the study's findings, reviewed an ethics consultation case example, and addressed barriers to ACP.

Access summaries at: <https://bit.ly/4cG6puG>

Surrogate decision-making in carceral healthcare



JOURNAL OF GENERAL INTERNAL MEDICINE (U.S.) | Online – 20 April 2026 – The carceral healthcare system is reckoning with a rapidly aging patient population. This is significant because elderly patients are more likely to have medical conditions that render them unable to make their own decisions. Existing laws and ethical guidelines mandate relying on patient-designated and next-of-kin surrogates to make medical decisions for patients who lack decision-making capacity. Yet, providing healthcare to incarcerated patients who lack decisional capacity is especially challenging. As a result, practices vary, and correctional officials, such as wardens or guards, are frequently involved in making medical decisions for incarcerated patients who lack decision-making capacity. The authors ... identify several approaches with greater potential to ensure that incarcerated individuals' treatment is consistent with their preferences and values. **Full text:** <https://bit.ly/48d5lri>

[Grief & Bereavement](#)

How prison leaders hope a new programme will help inmates cope with bereavement

EDINBURGH EVENING NEWS (U.K.) | Online – 4 May 2026 – A Church of Scotland minister has spearheaded a new strategy to support prisoners struggling to cope with bereavement. Rev. Douglas Creighton's work has led to HMP Edinburgh becoming the first jail in the U.K. to be awarded a Bereavement Charter Mark for the compassionate way in which it helps individuals to process grief. He is the Facilitating Chaplain there and said a prison sentence is challenging for individuals and their families in many ways but being separated makes it particularly hard to work through bereavement and loss. Mr Creighton said he has observed "reduced volatility" among men who have completed a programme called the Bereavement Journey. Bereavement Care Awareness training has been introduced for the senior management team and first-line managers, which includes having difficult conversations and supporting colleagues in times of grief. **Full text:** <https://bit.ly/4290FEW>

The Correctional Bereavement Access Framework: A proposed institutional framework for bereavement access in correctional settings

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SSRN (U.S.) | Online – 1 March 2026 – Incarcerated individuals experience death notification and bereavement in conditions that are structurally unlike any other institutional setting: isolated from family, restricted from ritual participation, and typically without dedicated grief support. Unaddressed bereavement may manifest operationally as disciplinary incidents, housing disruptions, and acute mental health crises, outcomes borne directly by facility staff and administration. The Correctional Bereavement Access Framework (CBAS) is a proposed five-component model designed to address this gap. CBAS offers facility administrators, state departments of correction, and policy staff a coherent, actionable structure for managing bereavement events from notification through post-event support. It is not a grief counseling curriculum. It is an operational and administrative framework designed to provide correctional systems with a structured, policy-ready response to bereavement. **Full text:** <https://bit.ly/41FKkr5>

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